

Town of Fort Mill Façade Improvement Grant Application Form

RETURN COMPLETED APPLICATION TO:

Joe Cronin, Planning Director Town of Fort Mill 200 Tom Hall Street Fort Mill, SC 29715

Email: jcronin@fortmillsc.gov Phone: (803) 547-2034 ext. 1160 DUE DATE: November 30, 2017*

*Applications will be considered after the deadline if program funding is still available

APPLICANT INFORMATION			
Applicant(s) Name:			
Applicant(s) Mailing Address:			
Phone Number: Email Address:			
What is your legal interest in the property?* Property Owner Tenant Other:			
*If you are not the property owner, please provide a completed Owner Consent Form			
PROPERTY INFORMATION			
Property Address(es):			
Tax Map Number(s):			
Property Zoning Classification(s):			
Description of Property/Business(es):			
Please provide the following information for ALL current and proposed tenants:			
Business/Tenant Name(s) Owner(s) / Manager(s)			

PROJECT DESCRIPTION		
Proposed Façade Improvements (Please prov	vide as much detail as possible):	
1		
1		
Anticipated Start Date:	Anticipated Completion Date:	
Anticipated Total Cost of Project (Including a	II improvements): \$	_
Anticipated Total Cost of GRANT ELIGIBLE* F	-	_
*For a list of eligible expenses, see the <i>Progr</i>		
Total Façade Grant Amount Requested (Max	Imum \$5,000): \$	_
ADDITIONAL SUBMITTAL REQUIREMENT CH	IECKLIST:	
Please attach the following to the completed	l application:	
Owner Consent Form (if applicable)		
Photographs of all existing façades, i	ncluding front, rear and side (if applicable)	
Color plans, drawings and/or elevation	ons of all proposed improvements	
List and/or description of materials t	o be used	
Detailed cost estimates/bids for prop	posed improvements	
IRS W-9 Form (available at http://wv	vw.irs.gov/pub/irs-pdf/fw9.pdf)	
ACKNOWLEDGEMENT OF PROGRAM RULES		
I have completed this form to the best of my the Façade Improvement Grant Committee to the <i>Program Guidelines</i> and all governing require additional information if requested. guarantee approval or awarding of funds. It agree to follow those guidelines and applical Town of Fort Mill, its Staff, and/or the Faça accused of, nor be held liable for any legal other parties acting upon this application.	knowledge and authorize the Town of Fo to process this application and review the standards. I acknowledge that the Town I acknowledge that the submittal of this acknowledge that I have reviewed the Progole governing standards. Furthermore, I acknowledge that I from the committee shall and the Improvement Grant Committee shall a	submittal according reserves the right to application shall not gram Guidelines and thouseless that the not be party to, nor
Applicant Name	Applicant Signature	Submittal Date